

## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Handheld Medical Reference Application With Integrated Dosage Calculator

the s	pecification of which (cl	heck one)		
(X)	is attached hereto.			
( )	was filed on	<del></del>		
	* -		_	
-	and was amended on		_	
		(if applicable)		
ame	That I have reviewed nded by any amendmer		ts of the above-identified specifical	ion, including the claims, as
acco		the duty to disclose informande of Federal Regulations, §	tion known to be material to pater 1.56(a).	ntability of this application in
	nt or inventor's certifica	ite listed below and have also	itle 35, United States Code, §119 of o identified below any foreign applic of the application on which priority i	cation for patent or inventor's
Prior	Foreign Application(s)			Priority Claimed Yes No
(Nun	nber)	(Country)	(Day/Month/Year Filed)	Yes No
(Nun	nber)	(Country)	(Day/Month/Year Filed)	103 110
l her	eby claim the benefit un	nder 35 U.S.C. § 119(e) of any	United States provisional application	on(s) listed below.
60/442.538		January 24, 2003		
(Application Number)		(Filing Date)	_	
(App	lication Number)	(Filing Date)	_	<i>y</i>
appli discl	v and, insofar as the su cation in the manner pr ose material information	bject matter of each of the cleovided by the first paragraph as defined in Title 37, Cod	ted States Code, §120 of any Unite aims of this application is not disclo- of Title 35, United States Code, §1- e of Federal Regulations, §1.56(a) international filing date of this applic	sed in the prior United States 12, I acknowledge the duty to which occurred between the
Unite	ed States Application(s)			
(App	lication Serial No.)	(Filing Date)	(Status)-(Patente	d, pending, abandoned)
(Арр	lication Serial No.)	(Filing Date)	(Status)-(Patente	d, pending, abandoned)



That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to WELSH & KATZ, LTD., 120 South Riverside Plaza, 22<sup>nd</sup> Floor, Chicago, Illinois 60606, Telephone No. (312) 655-1500:

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